615-253-5607

STATEMENT OF DISCLOSURE OF INTERESTS

GOVERNOR/GOVERNOR'S CABINET/CABINET LEVEL STAFF/ CONSTITUTIONAL OFFICERS/GENERAL ASSEMBLY MEMBERS

INSTRUCTIONS: This form is for reporting all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §§ 8-50-501 et seq., 2-10-128 and 2-10-129). Statements of Disclosure of Interests must be filed annually by April 15 with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243 If you have questions, please feel free to contact the Commission at (615) 253-8634 or email us at ethics.counsel@state.tn.us. You must complete items 1-6. If there were no changes in items 7-13 since the previous report, you may check the box in item 14; otherwise, you must complete items 7-13. Disclosure statements must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please note that the information listed on this statement will be posted on the Commission's website as required by T.C.A. §§ 2-10-128(b), 2-10-129(b) and 8-50-501(d)(1).

NOTE: An amended Statement of Disclosure of Interests must be filed whenever reported conditions change due to the termination or acquisition of any interests for which disclosure is required by law.

1. DATE OF DISCLOSURE	OF DISCLOSURE 2. NAME OF OFFICIAL AND TITLE/POSITION		
4/12/2007	Davin J. Gordon - Tenn Care Director Deputy Commissioner of F		
3. ADDRESS Street or Rural Route	City	State Zip C	ode į
310 Great Circle Road	Nashville :	TN 372	243
3a. PHONE NUMBER (615') 507 - 600.	0		
income" include, but are not limited to, office be stated; however, you must list the name received from a security listed on the New income received from investments with a feetity. For income derived from the owners enterprise in lieu of any investment brokers on your or your spouse's behalf. For incomfund in lieu of the business enterprise secucient list or customer list, or to list the addr	e and address of each source York Stock Exchange, Amer lederal or state chartered ban ship of a business enterprise' age firm or other fiduciary that the derived from a mutual func- curities owned by the mutual func-	e of income, except for sour ican Stock Exchange or NA k. You may list only the nans securities, you may list the may possess or manage to you may list the name of the you are not required to	ces of income SDAQ or from ne of the name of the the securities the mutual
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rtner, proprietor, or representati panization or educational institut	sition held including, but not limited to, we of any corporation, firm, partnership, tion. Both the month and year must be ine federal government, religious, social, do not require disclosure.	, business enterprise, non-profit reported for the period of time the
me of Organization ฟอละ	Position Held	Date Held
our spouse is an interested par ame and address of the Truste Neuc	nsidered to be a blind trust pursuant to ty, identify the nature of the interest and a. No individual asset held in such a bli	d list the location of the trust and the nd trust need be disclosed.
IVESTMENTS: List any investr r other business organization in apital. The name of the corpora westment need be stated. View	excess of ten thousand dollars (\$10,00 tion or organization must be listed but r	iren residing with you in any corporation 00) or five percent (5%) of the total no dollar amounts or percentages of the
0111		, No.
EGISLATIVE EXPENSES: List sed for defraying the expenses	the amount and source (by name) of a related to the adequate performance or	ny contribution from private source(s)
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ru.	professional services; such as those of an attorney, accountant or architect, are furnished by you or your spouse. View Instructions
-	NONE.
11. 	RETAINER FEES: List any retainer fee you receive from any person, firm or organization which is in the practice of promoting or opposing, influencing or attempting to influence, directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, its legislative committees or the members thereof. None.
- 12. - -	BANKRUPTCY: List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.
- 13.	LOANS: List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. Loans need not be disclosed on this report if they are:
	(1) From your immediate family (spouse, parent, sibling or child); (2) From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule;
	(3) Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lender made on a basis which assures repayment; evidenced by a written instrument and subject to a due date or amortization schedule; (4) From a partnership in which you have at least ten percent (10%) partnership interest;
	(5) From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you or by your immediate family (spouse, parent, sibling or child). None.
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14.	NO CHANGES IN ITEMS 7-13 (Check if applicable): There has been no change in the conditions listed in Items 7 - 13 since my previous report to the Tennessee Ethics Commission.

15. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by the Conflict of Interest Disclosure Act.

Signature of Official

I, the undersigned, do hereby witness the above signature which was signed in my presence.

